

# 2008 COBRA MONTHLY INSURANCE RATES

Effective January 1, 2008 – December 31, 2008

Make check payable to - State of Montana

## MEDICAL RATES

Available Plans	Traditional	Peak*	Blue Choice*	New West*
COBRA Only	\$568.14	534.48	475.32	452.88
COBRA + Spouse	\$777.24	736.40	642.60	630.36
COBRA + Children	\$675.24	642.60	561.00	548.76
COBRA + Family	\$791.52	748.68	654.84	640.56

## Dental Rates Vision Rates

\$31.62	\$7.79
\$48.45	\$14.71
\$46.92	\$15.48
\$54.26	\$22.71

\*Not available in all areas.

Rates include a prescription drug plan and the Employee Assistance Program.



**LIFE INSURANCE** - COBRA does not provide for continuation of life coverage under the State Plan. Conversion forms for Plans A, B, C, and D are available upon request from the Health Care and Benefits Division at 406/444-7462 or toll free 800/287-8266.



**MEDICARE ELIGIBILITY** - NO insurance coverage is allowed under the State Plan after a COBRA individual becomes Medicare eligible, unless the individual is Medicare eligible due to end-state renal disease or Medicare eligible prior to electing COBRA. Conversion applications for medical coverage only are available through Blue Cross Blue Shield of Montana and must be submitted within 30 days from the date coverage terminated.